

PREPARTICIPATION/INTERVAL ATHLETIC HEALTH HISTORY

Student Name: _____ DOB: __ / __ / __ Grade _____

Sports for this year _____

Health History To Be Completed By Parent/Guardian

	Yes	No	Explain
Ever been restricted by a doctor or nurse practitioner from sports participation for any reason?			
Have an ongoing medical condition?			
Taking any medications?			
Ever had surgery?			
Ever spent the night in a hospital?			
Have a life threatening allergy?			
Carry an epinephrine auto-injector)?			
During or after exercise			
Passed out			
Had dizziness or light headedness			
Chest pain, tightness or pressure			
Shortness of breath or wheezing			
More tired than friends			
Headaches			
Ever become ill while exercising in hot weather?			
Ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had a concussion?			
Ever been unable to move his/her arms and legs, or had tingling, numbness, or weakness after being hit or falling?			
Has any relative been diagnosed with a heart condition or died suddenly from a heart condition before the age of 50?			
Ever complained of fluttering in their chest, skipped beats, or their heart racing, or does s/he have a pacemaker?			
Has a health care provider ever preformed a test for his/her heart? (eg. EKG, echocardiogram, stress test)			
Ever been told they have a heart condition or problem?			
Ever had high or low blood pressure?			
Does s/he have a bleeding disorder?			
Ever have an injury, pain, or swelling of joint that caused him/her to miss practice or a game?			
Use a brace, orthotic or other device?			
Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)?			
Ever had a hernia?			
Missing any organ other than tonsils and adenoids?			
Any recent illnesses that lasted more than 5 days?			
Have any problems with his/her hearing or wear hearing aids?			
Have any problems with his/her vision or have vision in one eye only?			
Wear glasses or contacts?			

11/2016

Signature of Parent/Guardian _____ Date: _____